

Account Certificate of Representation

This form is required to establish an Authorized Account Representative for compliance accounts under the Nox Budget Program. For more information, see instructions on the reverse side of the form. When complete, send to the appropriate STATE authority. Once the state completes the State Verification section, the form shall be forwarded to the US EPA Acid Rain Program for registration with the NOx Allowance Tracking System (NATS).

fo	orwarded to the U	JS EPA Acid Rain	Program for regis	tration with th	he NO	x Allowance Tra	acking System (NA		
7	This submission is: New								
		Revised							
•	Check this box if	Check this box if you are also the Designated Representative for this plant under the Acid Rain Program:							
STEP 1 dentify the budget cource(s) by plant name, State, and, if applicable, DRISPL code.	Plant Name				State	e	ORIS Code		
	Name				AAR	AAR ID Number (if known)			
STEP 2 Inter requested Information for the Authorized Account Representative (AAR).	Address								
	Phone Number Fax Number					_			
	E mail Addrass (if available)								
1	E-mail Address (if available)								
STEP 3 Inter requested Information for the	Name /				AAR	AAR ID Number (if known)			
Alternate Authorized Account Representative,	Phone Number Fax Number				er	r			
f applicable.									
	E-mail Address (if available)								
1									
STEP 4 Provide the name of every owner and operator of the oudget sources at the plant. Identify the budget sources	Name					Owner	Operator		
	ID#	ID#	ID#	ID#		ID#	ID#		
	ID#	ID#	ID#	ID#		ID#	ID#		
they own and/or									
operate by boiler ID#.	Name					Owner	Operator		
	ID#	ID#	ID#	ID#		ID#	ID#		
	ID#	ID#	ID#	ID#		ID#	ID#		
ı							-		
	Name					Owner	Operator		
	ID#	ID#	ID#	ID#		ID#	ID#		
	1	1							

ID#

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	Plant Name (from Step 1)	Account Certificate of Representation - Page 2					
STEP 5 Read the certification, sign and date.	I certify that I, (name), was selected as the Authorized Account Representative as applicable by an agreement binding on the owners and operators of the budget source(s) legally designated as (plant name).						
	Signature (Authorized Account Representative)	Date					
	Signature (Alternate Authorized Account Representative)	Date					
STATE VERIFICATION	Representing the state of (state name), I have verified the following: • The budget sources listed in Step 4 of this form are affected under the NOx Budge Program • All budget sources affected under the NOx Budget Program at the plant addressed						

INSTRUCTIONS

in this submission are identified in Step 4 of this form.

Under the state regulations developed in accordance with the Ozone Transport Commission Memorandum of Understanding to implement the NOx Budget Program, the owners and operators for each budget source must designate a representative, and may designate an alternate, to act on their behalf. The owners and operators should choose the representative through a process that ensures that all owners and operators have notice regarding the selection. All budget sources at a plant must have the same Authorized Account Representative. The Authorized Account Representative is responsible for all submissions and allowance transactions relating to the budget sources at that plant. The Authorized Account Representative and the Alternate Authorized Account Representative are liable for acts or omissions within the scope of their responsibilities under the NOx Budget Program. EPA will not record an allowance transaction until it has received a complete Account Certificate of Representation.

Please type or print. If more space is needed, photocopy the first page. Indicate the page order and total number of pages (e.g., 1 of 4, 2 of 4, etc.). Note: An Account Certificate of Representation amending an earlier submission supersedes the earlier submission in its entirety. A revised Account Certificate of Representation must therefore be complete, including signature and dating by the Authorized Account Representative (and the Alternate, if applicable).

Name

Signature

Submit one Account Certificate of Representation form with original signatures. Remember that the Authorized Account Representative should notify each owner and operator of all NOx Budget Program submissions.

For assistance, call the EPA's Acid Rain Division Hotline at (202) 233-9620.

STEP 1 If any budget source at the plant is affected by the Acid Rain Program, the ORISPL code is embedded in the first six digits of the unit account number for that source under the Acid Rain Program. If there are not any budget sources at the plant affected by the Acid Rain Program, a budget source should use the plant or facility code registered with the Department of Energy (DOE) to obtain an ORISPL code. (For utilities reporting on the EIA-767, -860, and -861, the plant code would be used as the ORISPL code. For nonutilities reporting on the EIA-867, the facility code would be used as the ORISPL code). If the budget source does not report to DOE, and therefore does not have an ORISPL code, the budget source should call the Acid Rain Program Hotline for assistance.

STEP 2 The Authorized Account Representative must be a natural person and cannot be a company. Please

enter the firm name and address as it should appear on all correspondence. Note: All EPA correspondence is mailed to the Authorized Account Representative only. An Alternate Authorized Account Representative must rely on the Authorized Account Representative to forward information mailed by EPA.

Phone Number

Date

STEP 4 The owners and operators may be companies or natural persons.

Identify each budget source at the plant that is owned or operated by the named party by providing the unit identification number for the budget source. If a budget source is affected by the Acid Rain Program, the source should provide the same unit ID# used under the Acid Rain Program. If a budget source is not affected by the Acid Rain Program, the source should determine an appropriate ID# that it will use for all OTC purposes. This ID# must be six digits or less.

STEP 5 Note the certification statement. SUBMISSION INSTRUCTIONS:

Mail this form to:

Submit this form prior to submission of the monitoring plan for the NOx Budget Program. This form must be submitted before participating in transfers of allowances.

Submit a revised Account Certificate of Representation when any information in the existing Account Certificate of Representation changes.